



Rwanda



Demographic and
Health Survey

2014-15





Republic of Rwanda

Rwanda Demographic and Health Survey 2014-15

Final Report

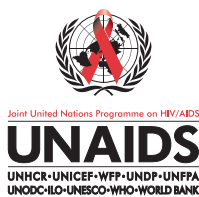
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CONTENTS

TABLES AND FIGURES.....	ix
FOREWORD.....	xix
ACKNOWLEDGMENTS.....	xxi
MAP OF RWANDA.....	xxii
1 INTRODUCTION.....	1
1.1 Country Profile.....	1
1.1.1 Geography.....	1
1.1.2 Economy.....	2
1.1.3 Population.....	3
1.1.4 Population Policy.....	4
1.1.5 Health Policy.....	4
1.2 Objectives and Methodology of the Survey.....	5
1.2.1 Objectives of the Survey.....	6
1.2.2 Questionnaires.....	7
1.2.3 Sample Design.....	7
1.2.4 Sample Coverage.....	8
1.2.5 Anthropometry Measurements, Anemia, Malaria, and HIV Testing.....	9
1.3 Pretest.....	11
1.4 Training of Field Staff.....	11
1.5 Fieldwork.....	12
1.6 Data Processing.....	12
2 HOUSEHOLD CHARACTERISTICS.....	13
2.1 Household Population by Age and Sex.....	13
2.2 Household Composition.....	15
2.3 Educational Attainment.....	16
2.4 School Attendance.....	18
2.5 Household Conditions.....	20
2.5.1 Household Drinking Water.....	20
2.5.2 Household Sanitation Facilities.....	21
2.5.3 Household Hand Washing Places.....	22
2.5.4 Household Characteristics.....	23
2.5.5 Household Possession of Durable Goods.....	25
2.5.6 Household Wealth.....	26
2.6 Birth Registration.....	27
2.7 Children’s Living Arrangements and Orphanhood.....	28
2.8 School Attendance by Survivorship of Parents.....	29
2.9 Health Insurance Coverage and Bank Accounts.....	30
3 RESPONDENT CHARACTERISTICS.....	35
3.1 Background Characteristics of Respondents.....	35
3.2 Educational Attainment.....	37
3.3 Literacy.....	38
3.4 Exposure to Mass Media.....	40
3.5 Employment.....	43
3.6 Use of Tobacco.....	48
4 PROXIMATE DETERMINANTS OF FERTILITY.....	51
4.1 Marital Status.....	51
4.2 Polygamy.....	52

17.4	Experience of Sexual Violence	273
17.5	Perpetrators of Sexual Violence	275
17.6	Age at First Experience of Sexual Violence	275
17.7	Experience of Different Forms of Violence	276
17.8	Violence during Pregnancy	277
17.9	Marital Control by Spouse	278
17.10	Forms of Spousal Violence	281
17.11	Spousal Violence by Background Characteristics.....	284
17.12	Violence by Spousal Characteristics and Empowerment Indicators	286
17.13	Recent Spousal Violence	289
17.14	Onset of Spousal Violence	291
17.15	Physical Consequences of Spousal Violence	291
17.16	Violence by Women and Men against Their Spouse	293
17.17	Help-seeking Behavior by Those Who Experience Violence	297
18	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT.....	301
18.1	Prevalence of Early Childhood Education	301
18.2	Adult Involvement in Early Learning Activities	302
18.3	Children’s Books and Playthings	304
18.4	Adequate Care for Young Children	305
18.5	Early Childhood Development.....	306
	REFERENCES	309
	APPENDIX A SAMPLE IMPLEMENTATION	313
A.1	Introduction	313
A.2	Sampling Frame.....	313
A.3	Structure of the Sample and the Sampling Procedure.....	316
A.4	Selection Probability and Sampling Weight	318
A.5	Survey Results	320
	APPENDIX B ESTIMATES OF SAMPLING ERRORS.....	327
	APPENDIX C DATA QUALITY TABLES	349
	APPENDIX D DISTRICT TABLES.....	365
	APPENDIX E SURVEY PERSONNEL.....	471
	APPENDIX F QUESTIONNAIRES	477

Table D13.22	Practice of circumcision.....	461
Table D14.5	HIV prevalence.....	462
Table D14.8	HIV prevalence among young people.....	463
Table D14.13	HIV prevalence among couples.....	464
Table D15.2.1	Control over women’s cash earnings and relative magnitude of women’s cash earnings.....	465
Table D15.2.2	Control over men’s cash earnings.....	466
Table D15.6.1	Women’s participation in decision-making by background characteristics.....	467
Table D15.7.1	Attitude toward wife beating: Women.....	468
Table D15.7.2	Attitudes toward wife beating: Men.....	469

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Yusuf MURANGWA
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RWANDA



INTRODUCTION

Key Findings

- The 2014-15 Rwanda Demographic and Health Survey (RDHS) is a nationally representative survey of 12,699 households, 13,497 women age 15-49, and 6,217 men age 15-59.
- The 2014-15 RDHS is the fifth standard DHS conducted in Rwanda as part of the worldwide DHS Program.
- The primary purpose of the RDHS is to provide policymakers and planners with detailed information on fertility and family planning; infant, child, adult, and maternal mortality; maternal and child health; nutrition; malaria; knowledge of HIV/AIDS and other sexually transmitted infections; and domestic violence, among others.
- Anthropometry measurements and anemia and malaria testing were carried out among women and children in a subsample of 50 percent of households. HIV testing was carried out among adults in another 50 percent of households and children under age 15 in 15 percent of the households.

1.1 COUNTRY PROFILE

1.1.1 Geography

Rwanda is located in central Africa, immediately south of the equator between latitude 1°4' and 2°51'S and longitude 28°63' and 30°54' E. It has a surface area of 26,338 square kilometers and is bordered by Uganda to the north, Tanzania to the east, the Democratic Republic of the Congo to the west, and Burundi to the south. Landlocked, Rwanda lies 1,200 kilometers from the Indian Ocean and 2,000 kilometers from the Atlantic Ocean.

Rwanda forms part of the highlands of eastern and central Africa, with mountainous relief and an average elevation of 1,700 meters. However, there are three distinct geographical regions.

Western and north-central Rwanda is made up of the mountains and foothills of the Congo-Nile Divide, the Virunga volcano range, and the northern highlands. This region is characterized by rugged mountains intercut by steep valleys, with elevations generally exceeding 2,000 meters. The divide itself rises to 3,000 meters at its highest point but is dwarfed by the volcano range, where the highest peak, Mount Karisimbi, reaches 4,507 meters. The Congo-Nile Divide slopes westward to Lake Kivu, which lies 1,460 meters above sea level in the Rift Valley trough.

In Rwanda's center, mountainous terrain gives way to the rolling hills that give the country its nickname, "Land of a Thousand Hills." Here the average elevation varies between 1,500 and 2,000 meters. The area is also referred to as the central plateau (Randall Baker, 1970).

Further east lies a vast region known as the "eastern plateaus," where the hills level gradually into flat lowlands interspersed with a few hills and lake-filled valleys. The elevation of this region generally is below 1,500 meters.

Because of its elevation, Rwanda enjoys a temperate, sub-equatorial climate with average yearly temperatures around 18.5°C. The average annual rainfall is 1,250 millimeters, occurring over two rainy seasons of differing lengths that alternate with one long and one short dry season. The climate varies somewhat from region to region, depending on the altitude. The volcano range and northern highlands are generally cooler and wetter, with an average temperature of 16°C and an average rainfall above 1,300 millimeters per year. The maximum rainfall is 1,600 millimeters above the divide and the volcanic range. The hilly central region receives an average of 1,000 to 1,300 millimeters of rain per year, while rainfall on the eastern plateau, where the climate is relatively warmer and drier, generally falls below 1,000 millimeters and can be as low as 800 millimeters. Although Rwanda enjoys more or less constant temperatures, the climate is known to vary from year to year, with extreme variations in rainfall sometimes resulting in flooding or, more often, drought. These extremes have a profound impact on agricultural production.

Rwanda has a dense network of rivers and streams, which drain into the Congo River on the western slope of the Congo-Nile Divide and into the Nile River in the rest of the country via the Akagera River, which receives all of the streams of this watershed. Water resources also include several lakes surrounded by wetlands.

Deforestation caused mainly by land clearing for agricultural expansion has resulted in mostly anthropic vegetation, with only a few small areas of natural forestland (representing 7 percent of the country) remaining on the Congo-Nile Divide and the slopes of the volcanic range.

Rwanda is divided into four geographically based provinces North, South, East, and West and the City of Kigali. The lower administrative areas consist of 30 districts, 416 sectors, 2,148 cells, and 14,837 villages.

1.1.2 Economy

In Rwanda, regular efforts have been made to develop the service sector and to stimulate investment in the industrial sector. These efforts are now bearing positive results, as the service sector has contributed more to the economy than the agricultural sector in recent years.

Rwanda's economy has been growing steadily at about 8 percent per year since 2001, with gross domestic product (GDP) per capita more than tripling from \$211 in 2001 to \$719 in 2014. The rate of growth in food crop production was more than twice the population growth rate between 2007 and 2014. In fact, in fiscal year 2014-2015, GDP at current market prices was estimated to be Rwf 5,605 billion, up from Rwf 5,136 billion in 2013-2014. The service sector contributed 48 percent of GDP in 2014, and in this sector, the share of trade and transport represented 15 percent, and other services (e.g., information, communication, real estate activities, education, hotels and restaurants) represented 32 percent.

The agriculture sector contributed 33 percent of GDP, with food crops representing 23 percent of this total. The industrial sector contributed 14 percent of GDP, with different types of manufacturing representing 5 percent, mining and quarrying representing 2 percent, and approximately 5 percent attributable to adjustment for taxes less subsidies on products.

In fiscal year 2014-2015, estimates calculated at constant 2011 prices showed that GDP was 7.3 percent higher in real terms than in 2013-2014. In this period, the agriculture sector grew by 5 percent and contributed 1.6 percentage points to overall GDP growth. Activities in the industry sector grew by 7 percent and contributed 1 percentage point to GDP growth. The service sector increased by 8 percent and contributed 4 percentage points (NISR 2014-15).

The health sector has a crucial role to play in the achievement of the national mid-term (EDPRS 2) goal of 11.5% economic growth rate. Continuous progress in the coverage and quality of promotive, preventive, curative and rehabilitative health interventions and in the health seeking behavior of the population ensure improvements in the health status and productivity of the Rwandan population. The health sector also has an influence on enabling environment for economic and social transformation as envisioned by the EDPRS 2. It aims to contribute among others, to a reduction in the fertility rate. Availability of high quality health services, as an important element of the service sector, contributes to the generation of collective wealth and is crucial to attracting investors and tourists.

The overall objective of the health sector policy is to ensure universal accessibility (in geographical and financial terms) of equitable and affordable quality health services (preventative, curative, rehabilitative and promotional services) for all Rwandans. This objective will be attained through the full implementation of (1) the various programs, while strengthening (2) the various systems that will support them at (3) all levels of service delivery together with (4) the governance of the sector.

To achieve the above objective health policy will require different directions such as:

- Improve demand, access and quality of essential health services
- Strengthen policies, resources and management mechanisms of health support systems to ensure optimal performance of the health programs
- Strengthen policies, resources and management mechanisms of health services delivery systems
- Strengthen the Health Sector Governance mechanisms

The implementation of this policy would not be a reality without involving different stakeholders and existing structures ensure the involvement of all of them.

- The Health Sector Working Group (HSWG) comprises representatives of the MOH, development partners, and civil society.
- Technical working groups (TWGs) are operational entities where technical and policy issues are discussed by staff of the MOH with representatives of development partners, NGOs, FBOs, and CSOs. TWGs operate under the authority of the HSWG.
- The Single Project Implementation Unit (SPIU) aims at reducing the number of separate projects and the administrative burden of the MOH in managing and reporting on the various projects with off-budget resources.

The 2015 Health Policy will help the Government of Rwanda to sustain the achievements made through previous policies and existing strategies. Health sector has contributed in achieving objectives of EDPRS I (2008-2012) and the Millennium Development Goals (MDGs). Ministry of Health through its implementing agency (RBC) and health facilities at different levels will continue to be an integral part of implementing strategies aiming to achieve Vision 2020 and Sustainable Development Goals (SDGs).

1.2 OBJECTIVES AND METHODOLOGY OF THE SURVEY

The government of Rwanda planned the 2014-15 RDHS with the support of its development partners and institutions interested in population and health issues. The 2014-15 RDHS is the fifth survey of its kind,

following standard DHS surveys conducted in 1992, 2000, 2005, and 2010. In addition in Rwanda interim RDHS was conducted in 2007-08.

The 2014-15 RDHS was implemented by the National Institute of Statistics of Rwanda (NISR) in collaboration with the Ministry of Health (MOH) and the Rwanda Biomedical Center (RBC) under the guidance of a steering committee. The Demographic and Health Survey (DHS) Program of ICF International provided technical assistance through its contract with the United States Agency for International Development (USAID). Funding for the 2014-15 RDHS was provided by the Government of Rwanda and by development partners including USAID; United Nations agencies (One UN); the Global Fund to Fight AIDS, Tuberculosis, and Malaria; World Vision International; Partners in Health and Suisse Agency for Development and Cooperation.

1.2.1 Objectives of the Survey

The main objectives of the 2014-15 RDHS were to:

- Collect data at the national level to calculate essential demographic indicators, especially fertility and infant and child mortality, and analyze the direct and indirect factors that relate to levels and trends in fertility and child mortality
- Measure levels of knowledge and use of contraceptive methods among women and men
- Collect data on family health, including immunization practices; prevalence and treatment of diarrhea, acute upper respiratory infections, and fever among children under age 5; antenatal care visits; assistance at delivery; and postnatal care
- Collect data on knowledge, prevention, and treatment of malaria, in particular the possession and use of treated mosquito nets among household members, especially children under age 5 and pregnant women
- Collect data on feeding practices for children, including breastfeeding
- Collect data on the knowledge and attitudes of women and men regarding sexually transmitted infections (STIs) and HIV and evaluate recent behavioral changes with respect to condom use
- Collect data for estimation of adult mortality and maternal mortality at the national level
- Take anthropometric measurements to evaluate the nutritional status of children, men, and women
- Assess the prevalence of malaria infection among children under age 5 and pregnant women using rapid diagnostic tests and blood smears
- Estimate the prevalence of HIV among children age 0-14 and adults of reproductive age
- Estimate the prevalence of anemia among children age 6-59 months and adult women of reproductive age
- Collect information on early childhood development
- Collect information on domestic violence

withdrawal blood samples for HIV testing, how to prepare blood slides for malaria testing, and how to conduct anemia and rapid malaria testing. In addition, procedures for handling and packaging dried blood spots and slides were reviewed and demonstrated. Training on taking anthropometry measurements (weight and height) was also covered in detail. Training included PowerPoint presentations to illustrate procedures and emphasized practice among lab technicians in order to ensure accuracy.

At the end of the main training, 17 teams were formed, each consisting of a team leader, a field editor, a health technician, a male interviewer, and three female interviewers. Team leaders received additional training on how to identify the selected households and different subsamples, data quality control procedures, and fieldwork coordination. Field editors received additional training on how to edit the questionnaires and on data quality control procedures.

1.5 FIELDWORK

Data collection for the 2014-15 RDHS was carried out by 17 field teams from November 9, 2014, to April 8, 2015. Each team was provided a vehicle with a driver. All questionnaires and blood specimens were transferred to the NISR office every 3-4 days by 10 supervisors from the NISR and NRL/RBC who also coordinated and supervised fieldwork activities. ICF International provided technical assistance during the entire five months of data collection period.

1.6 DATA PROCESSING

The processing of the 2014-15 RDHS data began as soon as questionnaires were received from the field. Completed questionnaires were returned to NISR headquarters. The numbers of questionnaires and blood samples (DBS and malaria slides) were verified by two receptionists. Questionnaires were then checked, and open-ended questions were coded by four editors who had been trained for this task and who had also attended the questionnaire training sessions for the field staff. Blood samples (DBS and malaria slides) with transmittal sheets were sent respectively to the RBC/NRL and Parasitological and Entomology Laboratory to be screened for HIV and tested for malaria.

Questionnaire data were entered via the CSPro computer program by 17 data processing personnel who were specially trained to execute this activity. Data processing was coordinated by the NISR data processing officer. ICF International provided technical assistance during the entire data processing period.

Processing the data concurrently with data collection allowed for regular monitoring of team performance and data quality. Field check tables were generated regularly during data processing to check various data quality parameters. As a result, feedback was given on a regular basis, encouraging teams to continue in areas of high quality and to correct areas of needed improvement. Feedback was individually tailored to each team. Data entry, which included 100 percent double entry to minimize keying errors, and data editing were completed on April 26, 2015. Data cleaning and finalization were completed on May 15, 2015.

HOUSEHOLD CHARACTERISTICS

Key Findings

- The mean size of a Rwandan household is 4.3 persons.
- Thirty-one percent of households are headed by women.
- Seventy-three percent of households use an improved source of drinking water.
- More than four in 10 households (44 percent) use an appropriate method to treat drinking water, primarily boiling (38 percent).
- Fifty-four percent of households have an improved, not shared sanitation facility.
- Almost one in four households (23 percent) have electricity.
- Three in five (60 percent) Rwandan households own a mobile phone.
- Fifty-six percent of children under age 5 have had their births registered.
- Nine percent of children under age 18 are orphan with one or both parent dead.
- Almost three-quarters of Rwandan adults are covered by health insurance.

A household is a person or a group of persons, related or unrelated, who live together and share common cooking and eating arrangements; it is often a domestic unit consisting of the members of a family who live together, with or without nonrelatives such as servants. This chapter summarizes demographic and socioeconomic characteristics of the people who live in the households in Rwanda that were sampled during the 2014-15 RDHS. The Household Questionnaire collected basic demographic and socioeconomic information (e.g., age, sex, educational attainment, and current school attendance) for all usual residents and visitors who slept in the household the night preceding the interview. This method of data collection allowed for analysis of the results for either the *de jure* population (usual residents) or the *de facto* population (persons in the household at the time of the survey). The Household Questionnaire also collected information on housing facilities, including dwelling characteristics, source of water supply, sanitation facilities, and household assets.

The information in this chapter is intended to facilitate interpretation of key demographic, socioeconomic, and health indices presented later in the report. It will also assist in the assessment of the representativeness of the survey sample.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

Table 2.1 shows the distribution by age and sex of the household population surveyed, according to urban-rural residence. The household survey involved 53,844 respondents, of whom 44,780 (83 percent) lived in rural areas and 9,064 (17 percent) lived in urban areas.

The distribution of the household population by age and sex is further depicted by the population pyramid in Figure 2.1. The pyramid is wide at the base, narrowing rapidly as it reaches the upper age limits, an indication of a population with high fertility. Although the base of the pyramid (age 0-4) remains large, it is narrower than the bars for the age group 5-9. This pattern reflects a recent decline in fertility. In addition, there

agriculture are more likely to work for a family member than women in nonagricultural occupations (17 percent versus 4 percent). Slightly more than 2 in 5 women (42 percent) working in nonagricultural occupations are employed by a non-family member, while this proportion is about 22 percent among women working in agricultural occupations. Finally, 62 percent of employed women work all year, whereas about 3 in 10 work occasionally.

Table 3.7 Type of employment: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Rwanda 2014-15

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	13.0	81.2	29.0
Cash and in-kind	43.6	13.4	36.4
In-kind only	13.5	1.0	10.5
Not paid	29.8	4.3	24.0
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	17.3	4.3	14.4
Employed by non-family member	22.4	41.5	26.8
Self-employed	60.2	54.1	58.6
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Continuity of employment			
All year	60.9	66.9	62.2
Seasonal	8.2	5.1	7.5
Occasional	30.9	28.0	30.3
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number of women employed during the last 12 months	8,804	2,720	11,568

Note: Total includes 44 weighted women with missing information on type of employment who are not shown separately.

3.6 USE OF TOBACCO

The consumption of tobacco has a negative impact on children's health, because it affects not only the health of those who consume it but also the health of those in proximity to people who consume it. For this reason, the 2014-15 RDHS asked questions to determine the level of tobacco consumption among survey respondents. Table 3.8.1 shows the percentages of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to their background characteristics and maternity status. The results show that the vast majority of women in Rwanda do not use tobacco (98 percent). The proportion of women who smoke cigarettes or a pipe is very low, at less than 1 percent; however, 1 percent consume other tobacco products.

Although the proportion of women who smoke tobacco is low, it appears that the oldest women age 45-49 (5 percent), those in South Province (3 percent), those with no education (4 percent) and those in the lowest wealth quintile (3 percent) are more likely to use other tobacco products.

Key Findings

- The median age at first marriage among women age 25–49 is 22 years,
- The median age at first marriage among men age 30–49 is 26 years.
- Median age at first marriage among women has increased slightly since 2010, from 21 years to 22 years.
- The percentage of never-married women (38 percent versus 39 percent in RDHS 2010) and men (48 percent versus 51 percent for RDHS 2010) has decreased slightly in the past five years.
- Two percent of currently married men age 15–49 are in polygamous unions; 7 percent of currently married women have co-wives.
- Only 2 percent of women and men age 30–49 reported having had sex before age 15.
- Twelve percent of men reported that they had sex by age 18, as compared with 20 percent of women.

This chapter addresses the key factors that define the risk of becoming pregnant. These factors include age at first marriage, age at first sexual intercourse, sexual activity, postpartum abstinence, and amenorrhea.

4.1 MARITAL STATUS

In Rwanda, formal unions (married) or informal unions (living together) between men and women are the sole culturally permissible contexts for sexual activity. Marital status can therefore be considered the primary factor initiating exposure to the risk of pregnancy. In the data discussed in this section, the term *married* refers to men and women bound together legally, while *living together* refers to couples cohabiting in informal unions. People are considered *never married* if they have never been married or lived together with a partner. *Ever-married* people include those who are currently married as well as those who are living with a partner, widowed, separated, or divorced.

Table 4.1 shows the distribution of women and men by marital status, according to age at the time of the survey. Of the 13,497 women interviewed, 52 percent were in a union. This proportion has remained relatively stable since the 2010 RDHS, when the figure was 50 percent.

high-risk category. However, only about 2 percent of births fall into this category. The risk of dying is also high among births to mothers older than age 34, with a birth interval of less than 24 months, and of a birth order higher than three (RR of 1.78); births with a birth interval of less than 24 months and of a birth order higher than three (RR of 1.77); and births to mothers older than age 34 and of a birth order higher than three (RR of 1.65).

The last column of Table 8.5 illustrates the potential for currently married women to experience a high-risk birth. A woman's status at the time of the survey with regard to her age, time elapsed since her last birth, and parity are used to classify her into a potential risk category that would apply if she were to become pregnant at the time of the survey. For example, if a respondent who is age 40, has had four births, and had her last birth 12 months ago were to become pregnant, she would fall into the multiple high-risk category of being too old, being too high in parity (four or more births), and giving birth too soon (less than 24 months) after a previous birth.

Overall, approximately three in four currently married women (73 percent) have the potential to give birth to a child at elevated risk of mortality. Twenty-seven percent of women have the potential for having a birth in a single high-risk category, and 45 percent have the potential for having a birth in a multiple high-risk category (mainly older maternal age and higher birth order).

Key Findings

- Ninety-nine percent of women with a live birth in the five years preceding the survey received at least one antenatal care from a skilled health provider, almost the same level found in the 2010 RDHS (98 percent).
- Forty-four percent of women make the recommended four or more antenatal care visits during their pregnancy, an increase of 9 percentage points since 2010 (35 percent).
- Ninety-one percent of live births in the five years preceding the survey were delivered in a health facility; 91 percent were assisted by a skilled health provider.
- More than 4 in 10 (43 percent) women who gave birth in the two years preceding the survey received a postnatal care checkup in the first two days after delivery.
- Only 19 percent of newborns in the two years preceding the survey had a postnatal checkup within the first two days after birth; nearly all of these children received care from skilled personnel.

The 2014-15 RDHS collected information about the health of mothers and their children born in the five years preceding the survey. This chapter covers antenatal, postnatal, and delivery care and describes problems in accessing health care. The findings outlined help to identify the most important problems in maternal and child health and reproductive health. A comparison of the results with those of previous surveys can assist in the planning, monitoring and evaluation of national health policies and programs.

9.1 ANTENATAL CARE

Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. For this reason, the 2014-15 RDHS asked women who had had a live birth in the five years preceding the survey whether they had received antenatal care (ANC). Table 9.1 shows the distribution of women who had a live birth in the five years before the survey according to the category of medical personnel they consulted during the pregnancy for their most recent birth and their background characteristics. All categories of ANC providers consulted by the mother were recorded. However, if more than one provider was mentioned, only the provider with the highest qualifications was considered in the tabulation of results (e.g., if a doctor and nurse were mentioned, the doctor is considered in the tabulation).

Nearly all mothers (99 percent) received at least one antenatal care from skilled personnel for their most recent live birth in the five years preceding the survey. Universal ANC from skilled personnel has remained stable since 2010 (98 percent).

The data do not vary substantially by background characteristics; 98-99 percent of mothers received antenatal care from a skilled health provider regardless of age at birth, birth order, residence, province, level of education, or household wealth. However, the proportion of women who consulted a medical doctor during these visits is higher in urban areas (11 percent) as compared to in rural areas (3 percent), among those residing in the City of Kigali (12 percent) as compared to other provinces (2 to 8 percent), and among those with a secondary

should also be noted that 3 percent of mothers had only one ANC visit, and 1 percent had no visits. Results by residence show no variation in the proportion of women who had at least four ANC visits (44 percent in both urban and rural areas).

It should be noted that most Rwandan women obtain antenatal care during their early pregnancy. Fifty-six percent of women made their first visit before the fourth month of pregnancy. This proportion was only 38 percent in 2010. There is no variation in this proportion between urban and rural women. The results also show that 31 percent of women had their first visit at the fourth or fifth month of pregnancy; 11 percent began at the sixth or seventh month, and 1 percent began at the eighth month or after. The median duration of pregnancy at the first ANC visit was 3.9 months for the country as a whole (3.8 months and 3.9 months in urban and rural areas, respectively). This represents an improvement from 2010, when the median duration was 4.5 months.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Rwanda 2014-15

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	1.1	0.8	0.8
1	3.7	3.0	3.1
2-3	50.8	52.4	52.1
4+	44.3	43.9	43.9
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	1.1	0.8	0.8
<4	56.3	56.1	56.1
4-5	28.2	31.5	31.0
6-7	12.5	10.2	10.6
8+	1.8	1.4	1.4
Don't know/missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number of women	1,025	5,035	6,060
Median months pregnant at first visit (for those with ANC)	3.8	3.9	3.9
Number of women with ANC	1,013	4,997	6,011

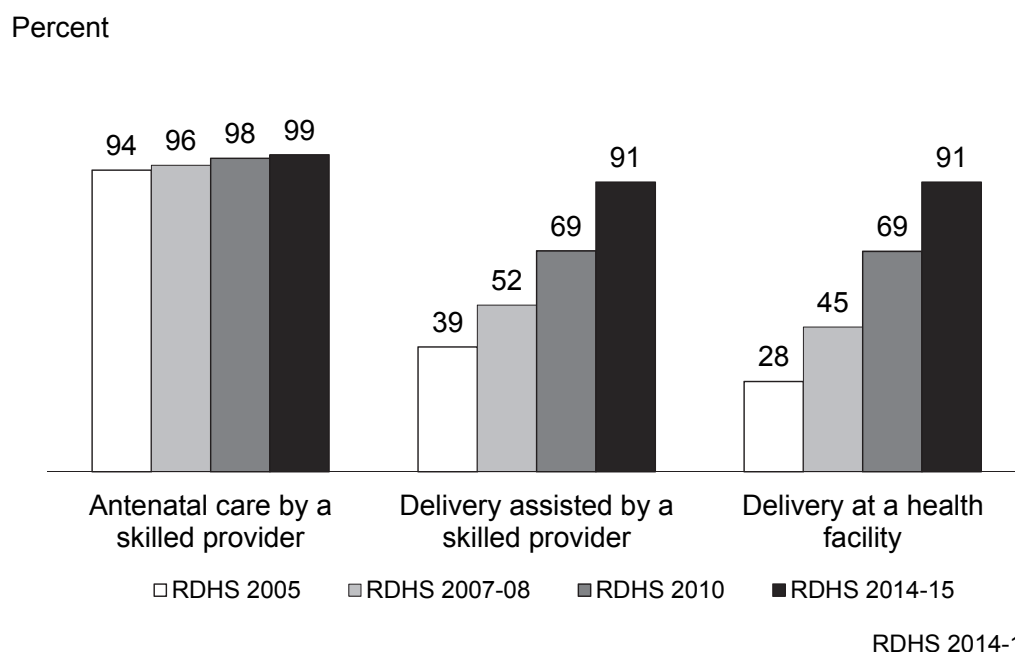
9.1.1 Components of Antenatal Care

The effectiveness of antenatal care depends not only on the types of examinations performed at the visit but also on the counseling and preventive measures administered to avoid the risk of miscarriage and other pregnancy complications. The 2014-15 RDHS collected data on these important aspects of antenatal monitoring by asking women whether, during their ANC visits for their most recent birth, they were told about the danger signs of pregnancy complications, they received specific medical examinations like blood pressure measurements, blood and urine tests. In addition, women were asked whether they had received iron supplements. The results from these questions are presented in Table 9.3 by background characteristics.

Four out of five women (80 percent) took iron tablets or syrup during the pregnancy of their last birth. About half of women (49 percent) took deworming drugs. Ninety-seven percent of women had a blood sample taken, 84 percent had their blood pressure measured, 79 percent were informed of signs of pregnancy complications, and 58 percent had a urine sample taken. Overall, these figures represent improvements from those reported in the 2010 RDHS.

The results show that 9 in 10 births (91 percent) were assisted by a skilled health provider; a substantial improvement since 2010, when only 69 percent were assisted by a skilled provider. Eighteen percent of births were assisted by doctors, 70 percent by nurses or medical assistants, and 3 percent by midwives. This is partly due to the availability of nurses in health facilities, and limited number of doctors and midwives in Rwanda. However, it should be noted that 3 percent of births received no assistance and that 7 percent were assisted by untrained persons (2 percent by nonqualified health workers, less than 1 percent by traditional birth attendants, and 5 percent by relatives or other persons). Thirteen percent of births were delivered by cesarean sections.

Figure 9.1 Trends in antenatal care and delivery, Rwanda 2005 to 2014-15



Deliveries assisted by skilled health personnel were more common among the youngest mothers (95 percent), first births (97 percent), births in health facilities (100 percent), and births in urban areas (97 percent), particularly the city of Kigali (95 percent) (Table 9.6 and Figure 9.2). Also, mothers with a secondary education or higher and those in the richest wealth quintile (97 percent each) were most likely to receive assistance from skilled personnel.

Table D13.15 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the last 12 months, the average number of medical injections per person in the last 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by district, Rwanda 2014-15

District	Women					Men				
	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 12 months	Number of respondents	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the last 12 months	Percentage who received a medical injection in the last 12 months	Average number of medical injections per person in the last 12 months	Number of respondents	For last injection, syringe and needle taken from a new, unopened package	Number of respondents receiving medical injections in the last 12 months
Nyarugenge	68.1	1.9	452	100.0	308	50.4	1.4	219	100.0	110
Gasabo	65.8	1.7	863	99.0	568	53.6	0.9	421	99.1	226
Kicukiro	54.5	1.3	484	99.7	264	24.4	0.4	223	100.0	54
Nyanza	66.0	2.5	375	99.6	248	58.2	0.7	182	100.0	106
Gisagara	64.1	1.7	418	100.0	268	43.5	0.5	179	100.0	78
Nyaruguru	59.6	1.3	304	98.7	181	40.1	0.5	149	91.7	60
Huye	50.7	1.5	423	99.6	215	13.7	0.4	210	100.0	29
Nyamagabe	64.7	1.8	416	99.3	269	51.4	1.2	196	99.2	101
Ruhango	60.7	1.4	402	98.8	244	43.2	0.5	197	93.8	85
Muhanga	52.8	1.7	415	99.2	219	47.3	0.6	191	99.0	90
Kamonyi	72.5	2.1	460	98.6	333	44.7	0.6	217	100.0	97
Karongi	64.6	1.5	412	98.0	266	46.2	0.9	199	96.9	92
Rutsiro	63.6	2.0	339	98.5	216	54.1	0.9	156	100.0	84
Rubavu	46.7	1.1	488	99.0	228	62.2	1.2	242	99.3	151
Nyabihu	57.8	1.5	327	99.3	189	64.2	0.9	129	100.0	83
Ngororero	53.3	1.6	428	99.5	228	44.3	0.8	178	100.0	79
Rusizi	63.4	2.4	543	100.0	344	36.3	1.4	250	100.0	91
Nyamasheke	56.7	1.4	428	100.0	243	47.1	1.3	169	100.0	79
Rulindo	56.8	1.4	377	99.4	214	47.3	0.8	157	100.0	74
Gakenke	62.0	1.7	422	99.5	262	41.5	0.6	175	100.0	73
Musanze	61.3	1.5	505	98.8	310	44.8	0.6	218	100.0	97
Burera	60.0	1.9	421	100.0	253	46.2	0.7	168	99.8	78
Gicumbi	47.5	1.4	485	97.4	231	30.2	0.7	231	97.3	70
Rwamagana	74.0	2.3	455	99.1	337	59.0	1.2	207	99.2	122
Nyagatare	50.8	1.3	597	100.0	303	34.6	0.7	287	100.0	99
Gatsibo	55.9	1.4	600	96.9	335	46.8	0.8	278	99.1	130
Kayonza	59.1	1.8	416	98.0	246	55.1	0.8	195	100.0	107
Kirehe	65.6	1.7	356	99.5	234	44.9	0.7	185	100.0	83
Ngoma	71.9	2.0	482	100.0	347	49.1	1.4	222	98.7	109
Bugesera	63.7	2.2	401	99.3	256	44.3	1.1	187	99.1	83

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker.

Table D13.16 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by district, Rwanda 2014-15

District	Women			Men		
	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of respondents	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of respondents
Nyarugenge	64.8	96.0	181	65.7	99.4	79
Gasabo	89.4	98.6	363	90.2	99.1	145
Kicukiro	80.3	97.2	196	93.6	99.1	75
Nyanza	71.4	95.0	116	63.0	98.9	69
Gisagara	74.1	90.7	161	85.4	97.8	66
Nyaruguru	88.9	97.1	122	55.1	97.0	60
Huye	68.5	90.8	158	80.0	100.0	79
Nyamagabe	59.3	78.0	179	45.1	93.0	85
Ruhango	83.5	98.5	143	86.5	100.0	71
Muhanga	63.8	84.7	139	67.0	95.4	65
Kamonyi	63.2	88.3	168	74.4	98.3	62
Karongi	44.1	78.4	182	41.0	90.8	72
Rutsiro	36.6	82.0	133	49.9	91.7	58
Rubavu	44.9	69.4	207	57.6	94.2	95
Nyabihu	52.5	70.6	129	90.5	94.6	55
Ngororero	54.6	88.9	162	53.6	89.3	72
Rusizi	52.2	79.8	227	43.3	84.6	113
Nyamasheke	52.0	68.1	146	66.9	86.6	49
Rulindo	63.7	88.4	143	48.5	100.0	56
Gakenke	52.5	93.0	159	52.6	95.9	52
Musanze	61.1	81.4	215	37.1	92.7	92
Burera	78.3	91.3	182	65.4	84.0	58
Gicumbi	80.1	88.6	186	49.1	95.8	86
Rwamagana	60.3	98.2	164	73.0	100.0	67
Nyagatare	78.3	87.6	220	47.0	100.0	100
Gatsibo	64.3	86.4	247	76.3	98.6	97
Kayanza	63.4	95.3	159	70.3	97.1	80
Kirehe	61.0	96.0	122	70.7	96.2	65
Ngoma	43.0	88.6	184	52.7	98.3	77
Bugesera	63.5	83.9	129	80.7	97.2	76

¹ Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention of the AIDS virus. The components of comprehensive knowledge are presented in Tables D13.2, D13.3.1, and D13.3.2.

² For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Table D13.22 Practice of circumcision

Percentage of men age 15-49 who are circumcised, and percent distribution of circumcised men by type of practitioner who performed the circumcision, by district, Rwanda 2014-15

District	Percentage circumcised	Number of men
Nyarugenge	50.4	219
Gasabo	47.0	421
Kicukiro	53.0	223
Nyanza	14.7	182
Gisagara	8.8	179
Nyaruguru	7.3	149
Huye	29.0	210
Nyamagabe	11.0	196
Ruhango	14.2	197
Muhanga	14.6	191
Kamonyi	20.3	217
Karongi	20.9	199
Rutsiro	16.0	156
Rubavu	50.4	242
Nyabihu	33.4	129
Ngororero	12.5	178
Rusizi	73.9	250
Nyamasheke	37.6	169
Rulindo	11.4	157
Gakenke	6.2	175
Musanze	30.4	218
Burera	22.1	168
Gicumbi	14.0	231
Rwamagana	30.9	207
Nyagatare	25.0	287
Gatsibo	25.6	278
Kayonza	18.7	195
Kirehe	20.5	185
Ngoma	27.7	222
Bugesera	29.9	187

Testing Technicians

HIV

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Felicia NYINAWABARI
Chantal MUTEZEMARIYA

Malaria

Tharcisse MUNYANEZA
Angelique NIYOMUKESHA
Alice NKUNZINEZA
Beatrice NIYITEGEKA
Annuarita MUKARUGWIZA
Janvier TWAGIRUMUKIZA
Chantal UWINEZA

ADMINISTRATION AND FINANCE

David NKUSI
Silas MUNYEMANA
Jocelyne UWAMAHORO
Faustin SEMANYWA
Alphonse SHUMBUSHO
Hassan YAHAYA
Patrick GASANA
Theodette MUREBWAYIRE

General Secretariat

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Ms. Bakunda KAMA
Dr. Peter AKA
Ms. Lady Ortiz PARRA
Mr. Richard JOSEPH
Ms. Nancy JOHNSON
Ms. Natalie LAROCHE
Mr. Christopher GRAMMER
Mr. Matt PAGAN
Ms. Sally ZWEIMULLER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END



RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2014-15
WOMAN'S QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION																
PROVINCE: _____ DISTRICT: _____ SECTOR: _____																
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER				<table border="1" style="width: 100px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
HOUSEHOLD STRUCTURE NUMBER				<table border="1" style="width: 100px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
HOUSEHOLD NUMBER																
NAME AND LINE NUMBER OF WOMAN _____																
CHECK COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE DOMESTIC MODULE				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>												
CHECK Q. 141w IN HOUSEHOLD QUESTIONNAIRE: IS THIS WOMAN SELECTED FOR FEMALE DOMESTIC VIOLENCE MODULE ?				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>												
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 50px; height: 20px; margin-left: 20px;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="width: 50px; height: 20px; margin-left: 20px;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="width: 50px; height: 20px; margin-left: 20px;"><tr><td>2</td><td>0</td><td>1</td><td> </td></tr></table> INT. NUMBER <table border="1" style="width: 50px; height: 20px; margin-left: 20px;"><tr><td> </td><td> </td><td> </td></tr></table> RESULT <table border="1" style="width: 50px; height: 20px; margin-left: 20px;"><tr><td> </td></tr></table>					2	0	1					
2	0	1														
INTERVIEWER'S NAME	_____	_____	_____													
RESULT*	_____	_____	_____													
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>												
TIME	_____	_____														
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____																
LANGUAGE OF INTERVIEW: KINYARWANDA 1 OTHER _____ 6 <div style="text-align: center;">SPECIFY</div>				TRANSLATOR USED? YES 1 NO 2												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR												
NAME _____ <table border="1" style="width: 40px; height: 20px; margin-left: 10px;"><tr><td> </td><td> </td><td> </td></tr></table>					NAME _____ <table border="1" style="width: 40px; height: 20px; margin-left: 10px;"><tr><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 40px; height: 20px; margin-left: 10px;"><tr><td> </td><td> </td></tr></table>						
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, post-primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> POST-PRIMARY/VOCATIONAL SECONDARY OR TERTIARY <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p> <p style="text-align: right;">→ 111</p>		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	What is your religion?	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>ADVENTIST 3</p> <p>MUSLIM 4</p> <p>TRADITIONAL 5</p> <p>OTHER 6 SPECIFY</p> <p>NO RELIGION 7</p>	
115	In the last 12 months, how many times have you been away from home for one or more nights?	<p>NUMBER OF TIMES <input type="text"/><input type="text"/></p> <p>NONE 00 → 201</p>	
116	In the last 12 months, have you been away from home for more than one month at a time?	<p>YES 1</p> <p>NO 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
205C	Where do your sons or daughters who do not live with you live? CIRCLE ALL MENTIONED.	BOARDING SCHOOL A RELATIVE B IN THE STREET C WORK _____ D SPECIFY MARRIED E OTHER _____ X (SPECIFY) DON'T KNOW Z	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your (first/next) babv? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1			
						NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.					NUMBER OF BIRTHS <input type="text"/>			NONE 0 → 226	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2009, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2009 OR LATER JAN. 2009		→ 238
233	How many months pregnant were you when the last such pregnancy ended? <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2009, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2009. <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2009 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

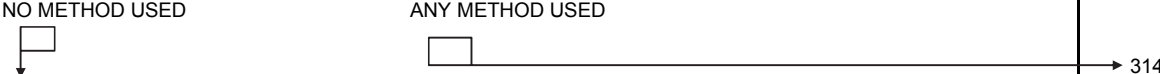
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1247 155 1352 210"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1247 220 1352 275"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1247 285 1352 340"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1247 350 1352 405"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD PROBE: Women can have a loop or coil placed inside them (uterus) by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS/JADELLE E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L STANDARD DAYS METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	MICROGYNON 01 LOFEMENAL 02 OVRETTE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	PRUDENCE PLUS 01 PLEASURE 02 GENERIC CONDOM 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
308	<p>In what month and year was the sterilization performed?</p>								
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>							
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2009 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2008 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009.</p> <p>THEN SKIP TO → 322</p>							
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2009. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> 		314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	324 317A 326 315A 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER ... 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorhea method/standard days method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 CHURCH 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
510J	How many times was the Rotavirus vaccination given?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	
510K	A measles and rubella vaccine - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles and rubella?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
510L	A measles injection that is, a shot in the arm at the age of 15 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	
515	Was there any blood in the stools?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	
517A	CHECK 453: EVER BREASTFED <input type="checkbox"/> ↓ NEVER BREASTFED <input type="checkbox"/> ↓ SKIP TO 518							

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517B	When (NAME) had diarrhea, did you continue to breastfeed him/her?	YES 1 NO 2		
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called ORS PACKET? b) A government-recommended homemade fluid?	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
523	Was anything (else) given to treat the diarrhea?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER OR COUGH?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC . . . I DISPENSARY . . . J PHARMACY . . . K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC . . . I DISPENSARY . . . J PHARMACY . . . K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC . . . I DISPENSARY . . . J PHARMACY . . . K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-D CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: COARTEM ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
542	CHECK 538: PRIMO ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 544)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	How long after the fever started did (NAME) first take Primo?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
544	CHECK 538: QUININE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 550) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 550) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 550) ←
545	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
550	CHECK 538: OTHER ANTIMALARIAL ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>	<p>→ 556</p>	
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)</p>	
555	<p>CHECK 522(a) AND 522(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/></p>	<p>→ 557</p>	
556	<p>Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2012 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>	<p>→ 563</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> </table> <p>a) Plain water? a) 1 2 8</p> <hr/> <p>b) Juice or juice drinks? b) 1 2 8</p> <hr/> <p>c) Soup? c) 1 2 8</p> <hr/> <p>d) Milk such as tinned, powdered, or fresh animal milk? d) 1 2 8 IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK MILK <input type="text"/></p> <hr/> <p>e) Infant formula? e) 1 2 8 IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK FORMULA <input type="text"/></p> <hr/> <p>f) Any other liquids? f) 1 2 8</p> <hr/> <p>g) Yogurt? g) 1 2 8 IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE YOGURT <input type="text"/></p> <hr/> <p>h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? (17) h) 1 2 8</p> <hr/> <p>i) Bread, rice, noodles, porridge, or other foods made from grains? i) 1 2 8</p> <hr/> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? j) 1 2 8</p> <hr/> <p>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots? k) 1 2 8</p> <hr/> <p>l) Any dark green, leafy vegetables? l) 1 2 8</p> <hr/> <p>m) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]? m) 1 2 8</p> <hr/> <p>n) Any other fruits or vegetables? n) 1 2 8</p> <hr/> <p>o) Liver, kidney, heart or other organ meats? o) 1 2 8</p> <hr/> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck? p) 1 2 8</p> <hr/> <p>q) Eggs? q) 1 2 8</p> <hr/> <p>r) Fresh or dried fish or shellfish? r) 1 2 8</p> <hr/> <p>s) Any foods made from beans, peas, lentils, or nuts? s) 1 2 8</p> <hr/> <p>t) Cheese or other food made from milk? t) 1 2 8</p> <hr/> <p>u) Any other solid, semi-solid, or soft food? u) 1 2 8</p>		YES	NO	DK		
	YES	NO	DK				
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p style="text-align: center;"> ALL "NO" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> </p> <p style="text-align: center;"> OR ALL DKs </p>		→ 561				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2</p>	→ 561A
561	<p>How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
561A	<p>Have you ever heard of any counseling or education on nutrition?</p>	<p>YES 1 NO 2</p>	→ 563
561B	<p>Where did you hear about counseling or education on nutrition?</p>	<p>A HEALTH FACILITY A COMMUNITY HEALTH WORKER..... B FRIENDS/RELATIVE C MAGAZINE/PAPER/RADIO/TV D OTHER _____ X SPECIFY</p>	

NO.	QUESTIONS AND FILTERS	CODINGS CATEGORIES	SKIP																
563	CHECK Q.217 AND Q.218, ALL ROW: AT LEAST ONE CHILD AGED 0-5 YEARS OLD AND LIVE WITH THE RESPONDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		601																
564	CHECK Q.217 SELECT THE YOUNGEST CHILD AGED 0-5 YEARS OLD, RECORD THE CHILD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q.212 _____ LINE NUMBER OF THE YOUNGEST CHILD (Q.219) <input type="text"/> <input type="text"/>																		
565	Now I would like to ask you about (NAME); your youngest child that is 0-5 years old																		
566	How many children's books or picture books do you have for (NAME)?	NONE 00 NUMBER OF CHILDREN'S BOOKS <input type="text" value="0"/> <input type="text"/> TEN OR MORE BOOKS 10																	
567	I am interested in learning about the things that (name) plays with when he/she is at home. Does he/she play with: a) Homemade toys (such as dolls, cars, or other toys made at home)? b) Toys from a shop or manufactured toys? c) Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE.	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TOYS FROM SHOP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HOMEMADE TOYS	1	2	8	TOYS FROM SHOP	1	2	8	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8	
	YES	NO	DK																
HOMEMADE TOYS	1	2	8																
TOYS FROM SHOP	1	2	8																
HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8																
568	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (name): a) Left alone for more than an hour? b) Left in the care of another child, that is, someone less than 10 years old, for more than an hour? IF 'NONE' ENTER '0'. IF 'DON'T KNOW' ENTER '8'	NUMBER OF DAYS LEFT ALONE MORE THAN AN HOUR <input type="checkbox"/> NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR <input type="checkbox"/>																	
569	CHECK Q.217 ET 218: A CHILD AGED 3, 4 OR 5 YEARS OLD; LIVE IN THIS HOUSEHOLD WITH THE MOTHER (Q.217=3, 4, OR 5 AND Q.218=1)? YES <input type="checkbox"/> NO <input type="checkbox"/>		601																
570	CHECK Q.217: SELECT THE YOUNGEST CHILD AGED 3, 4 OR 5 YEARS OLD. RECORD THE CHILD'S NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD 3, 4 OR 5 YEARS OLD (Q.212) _____ LINE NUMBER OF THE YOUNGEST CHILD (Q.219) <input type="text"/> <input type="text"/>																		
571	Now I would like to ask some questions regarding (NAME), your youngest child aged 3-5 years old.																		

572	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES 1 NO 2 DON'T KNOW 8	→574
573	In the past 7 days, about how many hours did (NAME) go to that place:	NUMBER OF HOURS <input type="text"/> <input type="text"/>	
574	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (NAME): RECORD ALL MENTIONED.		
		MOM DAD OTHE NO R ONE	
	a) Read books to or looked at picture with (NAME)?	READ BOOKS A B X Y	
	b) Told stories to (NAME)?	TOLD STORIES A B X Y	
	c) Sang songs to (NAME) or with (NAME), including lullabies?	SANG SONGS A B X Y	
	d) Took (NAME) outside the home, compound, yard or enclosure?	TOOK OUTSIDE A B X Y	
	e) Played with (NAME)	PLAYED A B X Y	
	f) Named, counted, or drew things to or with (NAME)?	NAMED/COUNTED ... A B X Y	
575	I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (NAME)'s development. Can (NAME) identify or name at least ten letters of the alphabet?	YES 1 NO 2 DK 8	
576	Can (NAME) read at least four simple, popular words?	YES 1 NO 2 DK 8	
577	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	YES 1 NO 2 DK 8	
578	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	YES 1 NO 2 DK 8	
579	Is (NAME) sometimes too sick to play?	YES 1 NO 2 DK 8	
580	Does (NAME) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8	
581	When given something to do, is (NAME) able to do it independently?	YES 1 NO 2 DK 8	
582	Does (NAME) get along well with other children?	YES 1 NO 2 DK 8	
583	Does (NAME) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8	
584	Does (NAME) get distracted easily?	YES 1 NO 2 DK 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS. <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓</p> <p>In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	<input type="checkbox"/> → 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	<input type="checkbox"/> → 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.										
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <p style="margin-left: 10px;">→ 616</p> <p style="margin-left: 10px;">→ 627</p>								

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the <u>last 12 months</u> did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
623A	How many times during the <u>last month</u> did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the <u>last 12 months</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
626A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY G</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY M</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712								
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704								
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711								
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710								
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711								
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712								
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/> → 712</p>		
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 714</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 714 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: right;">NUMBER</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: right;">OTHER</td> <td colspan="2" style="text-align: center;">_____ 96</td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	_____ 96				(SPECIFY)			
	BOYS	GIRLS	EITHER																
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>																
OTHER	_____ 96																		
	(SPECIFY)																		
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure/pamphlet?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BROCHURE OR PAMPHLET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	BROCHURE OR PAMPHLET	1	2		
	YES	NO																	
RADIO	1	2																	
TELEVISION	1	2																	
NEWSPAPER OR MAGAZINE ...	1	2																	
BROCHURE OR PAMPHLET	1	2																	
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801																
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720																
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6		(SPECIFY)							
MAINLY RESPONDENT	1																		
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JOINT DECISION	3																		
OTHER _____	6																		
	(SPECIFY)																		
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801																
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>SAME NUMBER</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8									
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SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN </p>		<p>→ 803</p> <p>→ 807</p>
802	<p>How old was your (husband/partner) on his last birthday?</p>	<p>AGE IN COMPLETED YEARS</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
803	<p>Did your (last) (husband/partner) ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY 1</p> <p>POST-PRIMARY/VOCATIONAL 2</p> <p>SECONDARY 3</p> <p>TERTIARY 4</p> <p>PRE-PRIMARY 6</p> <p>DON'T KNOW 8</p>	<p>→ 806</p>
805	<p>What was the highest (grade/form/year) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN </p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>_____</p> <p>_____</p> <p>_____</p>	
807	<p>Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
809	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
810	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 815</p>
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p>_____</p> <p>_____</p> <p>_____</p>	
812	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: mainly you, mainly your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	
822	Who usually makes decisions about visits to your family, relatives and friends?	RESPONDENT 1 HUSBAND/PARTNER 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3									
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she has sex with someone else? If she burns the food?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX WITH SOMEONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH SOMEONE	1	2	8	BURNS FOOD	1	2	8	
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BURNS FOOD	1	2	8																												
827	In your opinion, is a parent justified in hitting or beating his children for the following reasons: If he disobeys? If he impolite? If he has embarrassed the family?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DISOBEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMPOLITE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EMBARR. FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY	1	2	8													
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
907A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">..... 1</td> <td align="center">..... 2</td> <td align="center">..... 8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">... 1</td> <td align="center">... 2</td> <td align="center">... 8</td> </tr> </table>		YES	NO	DK	DURING PREG. 1 2 8	DURING DELIVERY	... 1	... 2	... 8	BREASTFEEDING	... 1	... 2	... 8	
	YES	NO	DK																
DURING PREG. 1 2 8																
DURING DELIVERY	... 1	... 2	... 8																
BREASTFEEDING	... 1	... 2	... 8																
909	CHECK 908: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
910A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
910B	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2																	
910C	CHECK 601, 602, and 603: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN ↓ FORMERLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 911																
910D	I don't want to know the results, but have you ever been tested as couple with your husband/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 911																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
910E	I don't want to know the results, but have you and your husband told each other the results of your tests?	YES 1 NO 2		
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2012 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2012 → 926			
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> → 920 NO ANTENATAL CARE <input type="checkbox"/>			
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR AIDS 1 2 8		
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2		
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920	
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98		
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924	
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 CORRECTIONAL FACILITY 35 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>CORRECTIONAL FACILITY R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1 NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
941	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER _____ X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that he use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN ↓ NOT IN UNION <input type="checkbox"/> → 1001		
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	Do you currently have the following symptoms? a. Cough b. Fever c. Drenching night sweats d. Unexpected weight lost e. General fatigue or malaise f. Chest pain	YES, TWO WEEKS OR LONGER ... 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3	
1012	CHECK 1011: IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED <input type="checkbox"/>	IF "NO" TO ALL SYMPTOMS <input type="checkbox"/>	→ 1015
1013	Have you ever sought care or help?	YES 1 NO 2	→ 1015
1014	(IF "YES") Where did you seek care or help? RECORD ALL MENTIONED	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)	
1015	GO TO THE NEXT SECTION (11)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (13) ←
1107	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1114	GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
DV05	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="730 252 1380 1260"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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DV06	<p>CHECK DV05A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>→ DV09</p>																																																																											
DV07	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																												
DV08	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
DV09	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV11																									
DV10	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																										
DV11	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ DV13																									
DV12	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																										
DV13	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																										
DV14	CHECK 609: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ DV16																									
DV15	A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th> <th></th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2				
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NO	2																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV16	<p>CHECK 601 AND 602:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV19</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>				
DV17	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M</p> <p>OTHER _____ X (SPECIFY)</p>			
DV18	<p>Has (this person/have these persons) physically hurt you in the last 12 months, ?</p>	<p>YES 1 NO 2</p>	<p>→ DV19</p>		
DV18A	<p>How often has (this person/have these persons) physically hurt you in the last 12 months: often or only sometimes?</p>	<p>OFTEN 1 SOMETIME 2</p>			
DV18B	<p>CHECK DV17</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p>ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p> </td> </tr> </table>	<p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/></p>	<p>ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p>		<p>→ DV19</p>
<p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/></p>	<p>ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p>				
DV18C	<p>Who is the main person that has hurt you in this way in the last 12 months?</p>	<p>MOTHER/STEP-MOTHER 01 FATHER/STEP-FATHER 02 SISTER/BROTHER 03 DAUGHTER/SON 04 OTHER RELATIVE 05 CURRENT BOYFRIEND 06 FORMER BOYFRIEND 07 MOTHER-IN-LAW 08 FATHER-IN-LAW 09 OTHER IN-LAW 10 TEACHER 11 EMPLOYER/SOMEONE AT WORK 12 POLICE/SOLDIER 13</p> <p>OTHER _____ 96 (SPECIFY)</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV19	CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> (YES ON 201 OR 226 OR 230) NEVER BEEN PREGNANT <input type="checkbox"/>		→ DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
DV22	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ DV22B
DV22A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV23 → DV24B
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV26
DV23	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV24	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV25
DV24A	Who was the person who was forcing you the very first time this happened in the last 12 months?	<p>CURRENT/FORMER BOYFRIEND ... 03</p> <p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
DV24B	<p>CHECK DV05A (h-j) and DV15A(b), DV22A, DV22B</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV26
DV25	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
DV26	<p>CHECK DV05A (a-j), DV15A (a,b), DV16, DV20, DV22A, AND DV22B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV30
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ DV29

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV28	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ DV30
DV29	Have you ever told any one about this?	YES 1 NO 2	
DV30	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

DV31	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
DV32	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____																		
DV33	RECORD THE TIME	HOUR MINUTE	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda.. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> ↓ POST-PRIMARY/VOCATIONAL SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> ↓ CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 SPECIFY NO RELIGION 7	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ... <input type="text"/> <input type="text"/>	
205C	Where do your sons or daughters who do not live with you live?	BOARDING SCHOOL A RELATIVE B IN THE STREET C WORK D SPECIFY MARRIED E OTHER X (SPECIFY) DON'T KNOW Z	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: AT LEAST ONE <input type="checkbox"/> LIVING CHILD ↓	NO LIVING <input type="checkbox"/> CHILDREN →	301
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS ↓	OTHER <input type="checkbox"/> →	301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure/pamphlet?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 BROCHURE OR PAMPHLET 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07) KNOWS MALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 311
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED	1	→ 404
		YES, LIVING WITH A WOMAN	2	
		NO, NOT IN UNION	3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED	1	→ 413
		YES, LIVED WITH A WOMAN	2	
		NO	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	→ 410
		DIVORCED	2	
		SEPARATED	3	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM	1	
		STAYING ELSEWHERE	2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE)	1	→ 407
		NO (ONLY ONE)	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . .		<input type="text"/> <input type="text"/>
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p>	<p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p>		<p>408 How old was (NAME) on her last birthday?</p>
	<p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>		<p>NAME LINE NUMBER AGE</p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p>	
408	ASK 408 FOR EACH PERSON.			
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>			→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE	1	→ 411A
		MORE THAN ONCE	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	AGE <input type="text"/> <input type="text"/> NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 417 → 434

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the <u>last 12 months</u> did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
424A	How many times during the <u>last month</u> did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the <u>last 12 months</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
427A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS A PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	<input type="checkbox"/> → 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE PLUS 01 PLEASURE 02 GENERIC CONDOM 03 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC HEALTH FACILITY _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANNING CLINIC 25</p> <p>OTHER PRIVATE HEALTH FACILITY _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS/JADELLE E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>DIAPHRAGM H</p> <p>FOAM/JELLY I</p> <p>LAM J</p> <p>RHYTHM METHOD K</p> <p>STANDARD DAYS METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child?	WIFE/PARTNER PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? MONTHS 1 YEARS 2 SOON/NOW 993 COUPLE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ _____	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER _____ 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she has sex with someone else? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX WITH SOMEONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH SOMEONE	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																												
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REFUSES SEX	1	2	8																												
SEX WITH SOMEONE	1	2	8																												
BURNS FOOD	1	2	8																												
615	In your opinion, is a parent justified in hitting or beating his son for the following reasons: If he disobeys? If he is impolite? If he has embarrassed the family?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DISOBEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMPOLITE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EMBARR. FAMILY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY ...	1	2	8													
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EMBARR. FAMILY ...	1	2	8																												

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
711A	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2																	
711B	CHECK 401 AND 402: CURRENTLY MARRIED OR LIVING WITH A WOMEN <input type="checkbox"/> FORMERLY MARRIED OR LIVING WITH A WOMEN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A WOMAN <input type="checkbox"/>		→ 712																
711C	I don't want to know the results, but have you ever been tested as a couple with your wife/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 712																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711D	I don't want to know the results, but have you and your wife told each other the results of your tests?	YES 1 NO 2	→ 713
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 CORRECTIONAL FACILITY 34 YOUTH CENTER 35 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>CORRECTIONAL FACILITY Q</p> <p>YOUTH CENTER R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
719	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
720	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>CHECK 701:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER ... F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 814
813	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN, COUGHING SNEEZING OR SPEAKING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD OR DRINK WITH A PERSON WITH TB D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
814	Do you currently have the following symptoms? a. Cough b. Fever c. Drenching night sweats d. Unexpected weight lost e. General fatigue or malaise f. Chest pain	YES, TWO WEEKS OR LONGER ... 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3	
815	CHECK 814: IF AT LEAST ONE SYMPTOM "YES" <input type="checkbox"/> IF "NO" <input type="checkbox"/> CODE "1" OR "2" CIRCLED TO ALL SYMPTOMS		→ 818
816	Have you ever sought care or help?	YES 1 NO 2	→ 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	<p>(IF "YES") Where did you seek care or help?</p> <p>RECORD ALL MENTIONED</p>	<p>PUBLIC/AGREE SECTOR</p> <ul style="list-style-type: none"> REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> <ul style="list-style-type: none"> POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) <p>OTHER SOURCES</p> <ul style="list-style-type: none"> KIOSK/SHOP N TRADITIONAL HEALER O FRIEND/RELATIVE P <p>OTHER _____ X (SPECIFY)</p>	
818	GO TO THE NEXT SECTION (DV)		

MALE DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
DV01A	<p>CHECK THE OVER PAGE IF THIS MAN SELECTED FOR MALE DV QUESTIONNAIRE</p> <p>MAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>MAN NOT SELECTED <input type="checkbox"/></p>		DV33																																			
DV01B	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		DV32																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																						
DV02	<p>CHECK 401 AND 402:</p> <p>CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER) <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p>		DV16																																			
DV03	<p>First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)?</p> <p>a) She (is/was) jealous or angry if you (talk/talked) to other women? b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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NOT MEET FRIENDS ...	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
DV04	<p>Now I need to ask some more questions about your relationship with your (last) (wife/partner).</p> <p>A Did your (last) (wife/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2 ↓				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
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c) YES	1 →	1	2	3																																		
c) NO	2 ↓																																					

DV05	<p>A Did your (last) (wife/partner) ever do any of the following things to you:</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																							
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DV06	<p>CHECK DV05A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: right;">→ DV09</p>																																																								
DV07	<p>How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																							
DV08	<p>Did the following ever happen as a result of what your (last) (wife/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																							

DV09	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?	YES 1 NO 2	→DV11																														
DV10	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																															
DV11	Does (did) your (last) (wife/partner) drink alcohol?	YES 1 NO 2	→DV13																														
DV12	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																															
DV13	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																															
DV14	CHECK 409: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ DV16																														
DV15	A So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner).	B How long ago did this last happen?																															
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DV16	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?	NEVER MARRIED/NEVER LIVED WITH A WOMAN From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 → DV22																														

DV17	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT GIRLFRIEND F</p> <p>FORMER GIRLFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
DV18	Has (this person/have these persons) physically hurt you in the last 12 months ?	<p>YES 1</p> <p>NO 2</p>	→ DV22
DV18A	How often has (this person/have these persons) physically hurt you in the last 12 months: often or only sometimes?	<p>OFTEN 1</p> <p>SOMETIME 2</p>	
DV18B	<p>CHECK DV17</p> <p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/> ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p>		→ DV22
DV18C	Who is the main person that has hurt you in this way in the last 12 months?	<p>MOTHER/STEP-MOTHER 01</p> <p>FATHER/STEP-FATHER 02</p> <p>SISTER/BROTHER 03</p> <p>DAUGHTER/SON 04</p> <p>OTHER RELATIVE 05</p> <p>CURRENT GIRLFRIEND 06</p> <p>FORMER GIRLFRIEND 07</p> <p>MOTHER-IN-LAW 08</p> <p>FATHER-IN-LAW 09</p> <p>OTHER IN-LAW 10</p> <p>TEACHER 11</p> <p>EMPLOYER/SOMEONE AT WORK 12</p> <p>POLICE/SOLDIER 13</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
DV22	<p>CHECK 401 AND 402:</p> <p>EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/></p>		→ DV22B
DV22A	<p>Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner).</p> <p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV23</p> <p>→ DV24B</p>
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ DV26

DV23	Who was the person who was forcing you the very first time this happened?	CURRENT WIFE/PARTNER 01 FORMER WIFE/PARTNER 02 CURRENT/FORMER GIRLFRIEND 03 MOTHER/STEP-MOTHER 04 SISTER/STEP-SISTER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	
DV24	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> ↓ In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	→ DV25
DV24A	Who was the person who was forcing you the very first time this happened in the last 12 months?	CURRENT/FORMER GIRLFRIEND ... 03 MOTHER/STEP-MOTHEF 04 SISTER/STEP-SISTER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	
DV24B	CHECK DV05A (h-j), DV15A(b), DV22A, and DV22B AT LEAST ONE 'YES' <input type="checkbox"/> ↓ NOT A SINGLE 'YES' <input type="checkbox"/>		→ DV26

DV25	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner? NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/> How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98		
DV26	CHECK DV05A (a-j), DV15A (a,b), DV16, DV22A, AND DV22B: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>	→ DV30	
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? YES 1 NO 2	→ DV29	
DV28	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A WIFE'S/PARTNER'S FAMILY B CURRENT/FORMER WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ DV30
DV29	Have you ever told any one about this? YES 1 NO 2		
DV30	As far as you know, did your father ever beat your mother? YES 1 NO 2 DON'T KNOW 8		

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

DV31	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WIFE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	FEMALE ADULT	1	2	3	OTHER MALE ADULT ...	1	2	3
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DV32	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																	
DV33	RECORD THE TIME	HOUR MINUTE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

